



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

QUOTED RATES | SMITH COUNTY

Group Health Quote effective January 1, 2026

Three-Plan Approach | Blue Choice PPO Network (Non-Grandfathered Plans)

MEDICAL PLANS

	PPO Plan I Medical Plan Custom and Custom Prescription Drug Plan	PPO Plan II Medical Plan Custom and Custom Prescription Drug Plan	Plan III: HDHP Plan Medical Plan Custom HSA Prescription Drug Plan Rx-HSA
Employee Only Tier	\$1,300.00	\$1,347.64	\$1,347.08
Employee & Spouse Tier	\$1,873.54	\$1,930.90	\$1,923.52
Employee & Child(ren) Tier	\$1,462.88	\$1,479.16	\$1,477.06
Employee & Family Tier	\$2,067.82	\$2,144.58	\$2,134.68

Benefit Highlights

	Custom 1300-NG PPO Plan I & Custom RX	Custom 1200-NG PPO Plan II & Custom RX	Custom Plan III: HDHP Plan HSA & RX-HSA
Office Visit Co-Pay	\$30	\$20	ATD*
Office Visit Co-Pay Specialist	\$30	\$20	ATD*
Office Visit Preventive Care	100%	100%	100%
Individual & In/Out Network	\$1,500/\$3,000	\$1000/\$2,000	\$3,400/\$6,800
Co-Insurance% In/Out Network**	80/50	90/50	100/50
Individual Co-Insurance Maximum In/Out Network	\$5,650/\$11,300	\$3,550/\$7,100	\$3,400/\$6,800
Emergency Room Co-pay	\$500	\$500	ATD*
Urgent Care	\$65	\$65	ATD
Prescription Care Co-pays	\$10/30/45	\$10/30/45	ATD
Prescription Plan Deductible	\$0	\$0	N/A

*ATD – Applies Towards Deductible

** Deductible does not apply to OOP Maximum

Rates are based on the following:

- Rates effective from 1/1/2026 through 12/31/2026.
- Above rates are illustrative and not final. Final quoted rates may vary.
- **Illustrative rates are valid provided that all contract paperwork is received by October 28, 2025. Rates may be withdrawn or requested thereafter to accommodate implementation timelines.**
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee-only rate or current funding level.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for medical regardless of age.
- Rates quoted are for the benefits submitted in this proposal. Modifications may be considered during the negotiation phase with TAC HEBP and according to the Local Government Code. Adjustments after final approval and/or effective date will not be considered without TAC HEBP approval and may involve system programming charges from our vendors.
- Rates shown do not include broker commission.

Smith County Comparison of ASO & Pool Costs

ASSUMPTIONS:

Projection Period:

1/1/2026 to 12/31/2026

All projections herein are for the TAC plans underseparate cover, similar to curent plans

Assumed enrolled lives are per "Lives in Tier" assumptions below. Obtained from census provided by the county

Projections below are based on assumed enrollment herein; actual figures will be based on actual enrollment

For the ASO Plan, we are relying on renewal information furnished by the county. Any misrepresentations are unintentional

We encourage the county to discuss this exhibit and other renewal information to clear up any issues they see herein

Current Self-Insured Costs:

Proj claims / ee =	\$	1,558.38
125% Agg SL Attach Pt =	\$	1,947.98
SSL Attach Pt =		\$300,000
SSI Rate =	\$	44.87
Agg SI Rate =	\$	2.97
Est Admin Rt + Trans covg =	\$	50.00

Current SSL Includes 4 lasers

	Current ASO	TAC Fully Ins.
	<u>Medical + Rx</u>	<u>Medical + Rx</u>
Lives Assumed	900	900
Insured Premium	N / A	\$15,449,674
Projected Paid Claims	\$16,830,551	N/A
Maximum Claims Liability (paid during period)	\$21,038,189	\$15,449,674
Admin	\$540,000	N/A
Projected Specific Stop Loss Premium	\$484,551	N/A
Projected Agg Stop Loss Premium	\$32,076	N/A
Run-Out Claims Expected	?	Cty has no liability
Run-Out Claims Liability Maximum	?	Cty has no liability
Lasers	Yes	No
Total Annualized Fixed Costs	\$1,056,627	\$15,449,674
Total Annualized Fixed Costs; plus only Proj Paid Claims	\$17,887,178	
Total Annualized Cost at Max liability (paid during period)	\$22,094,816	\$15,449,674